

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2241	Date: January 29, 2019
	Change Request 10983

Transmittal 2198, dated November 9, 2018, is being rescinded and replaced by Transmittal 2241, dated, January 29, 2019 to remove the July 2019 effective and implementation dates and to remove business requirements 10983.5, 10983.6, 10983.7 and 10983.8. All other information remains the same.

SUBJECT: Enhancing the Verification Process of Common Working File (CWF) Part A Provider Inquiries

I. SUMMARY OF CHANGES: The purpose of this change request is for CWF to modify the provider inquiries and establish a National Provider Identifier (NPI) verification process similar to those established in the HIPAA (Health Insurance Portability and Accountability Act) Eligibility Transaction System (HETS).

EFFECTIVE DATE: April 1, 2019

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 1, 2019

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2241	Date: January 29, 2019	Change Request: 10983
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Transmittal 2198, dated November 9, 2018, is being rescinded and replaced by Transmittal 2241, dated, January 29, 2019 to remove the July 2019 effective and implementation dates and to remove business requirements 10983.5, 10983.6, 10983.7 and 10983.8. All other information remains the same.

SUBJECT: Enhancing the Verification Process of Common Working File (CWF) Part A Provider Inquiries

EFFECTIVE DATE: April 1, 2019

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 1, 2019

I. GENERAL INFORMATION

A. Background: Medicare Part A providers, clearinghouses and billing agents can request the Part A Medicare beneficiary eligibility information from CWF. There are five Part A eligibility queries available through the CWF host.

The Centers for Medicare & Medicaid Services (CMS) is directing CWF to modify each Part A eligibility inquiry and establish verification processes similar to those established in the HIPAA (Health Insurance Portability and Accountability Act) Eligibility Transaction System (HETS). This change will align the verification process for Part A eligibility data across the CMS systems. Thus, with the implementation of this change request, the CWF host will verify the status of the National Provider Identifier (NPI) against information provided by the Provider Enrollment, Chain and Ownership System (PECOS).

B. Policy: Not Applicable

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10983.1	The contractor shall modify the HIQA, HIQH, and HUQA input screens to change the label "CLAIM NUMBER" to "HIC/MBI NUMBER".								X	
10983.2	<p>PECOS shall send a full extract of Medicare Part A providers NPI file to the CWF hosts daily.</p> <p>The file names are:</p> <ul style="list-style-type: none"> Input at the BDC – <ul style="list-style-type: none"> Test/Validation: T#EFT.ON.FISSEXT.NLR.Dyymmdd. 								X	CWF Host, PECOS

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<div>Thhmsst</div> <ul style="list-style-type: none">Production: P#EFT.ON.FISSEXT.NLR.Dyymmdd. ThhmsstEFT to Push to the Perspecta VDC –Test/Validation: CSH0.CWFM.PECOS.FISSEXT.NLR(+1)Production: CSH0.CWFP.PECOS.FISSEXT.NLR(+1) <div>NOTE: PECOS shall send a test file to the CWF maintainer by November 16, 2018.</div>									
10983.2.1	The contractor shall create job(s) for the CWF hosts to load the daily NPI file provided by PECOS.								X	
10983.2.2	The CWF hosts shall load the NPI file using CWF job(s).									CWF Host
10983.3	The contractor shall apply the current HETS business rule(s) (HETS shall provide by November 16, 2018) for verification of the NPI and to implement the change(s) to verify the NPI on all CWF provider queries, ELGA, ELGH, HIQA, HIQH, and HUQA, against the daily PECOS Medicare Part A providers NPI file.								X	
10983.4	The contractor shall reject the CWF provider inquiry request(s) if the NPI provided is either not present or currently not active on the PECOS Medicare Part A providers NPI file.								X	
10983.5	This business requirement has been deleted.								X	CWF Host, HETS
10983.5.1	This business requirement has been deleted.								X	
10983.5.2	This business requirement has been deleted.									CWF Host
10983.6	This business requirement has been deleted.								X	
10983.6.1	This business requirement has been deleted.					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10983.6.2	This business requirement has been deleted.	X		X						
10983.7	This business requirement has been deleted.								X	HETS
10983.7.1	This business requirement has been deleted.								X	
10983.8	This business requirement has been deleted.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
10983.9	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X		X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Vinay Vuyyuru, 410-786-9111 or Vinay.Vuyyuru@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0